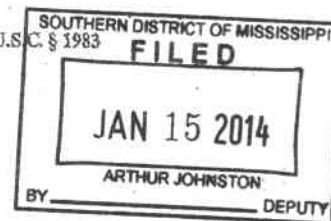


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**



42 USC 1983

**COMPLAINT**

(Last Name) (Identification Number)

DeLaughter 122083

(First Name) (Middle Name)

Thad Everett

(Institution)

SMCZ P.O. Box 14A Lockesville Ms

(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

39451

v.

CIVIL ACTION NUMBER:

1:14CV18LG-JMR

(to be completed by the Court)

RONALD Woodall

MICHAEL HADEN

WEXFORD HEALTH

CHRISTOPHER EPPS,

Johnny Denmark

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: N/A
  - Court (if federal court, name the district; if state court, name the county): N/A
  - Docket Number: N/A
  - Name of judge to whom case was assigned: N/A
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): N/A

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Thad E. DeLaughter Prisoner Number: 122083  
 Address: SMCI P.O. Box 1419 Leakesville, Ms. 39451

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Ronald Woodall is employed as  
Medical director at SMCI  
P.O. Box 1419 Leakesville, Ms. 39451

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Thad E. DeLaughter ADDRESS: SMCI P.O. Box 1419 Leakesville Ms. 39451

## DEFENDANT(S):

NAME: Michael Hatten ADDRESS: P.O. Box 1419 Leakesville Ms. 39451  
Wexford Health  
Christopher Epps 723 North President St. Jackson MS 39202  
Johnny Denmark P.O. Box 1419 Leakesville Ms. 39451

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes ( ☒ ) No ( ☐ )
- B. Are you presently incarcerated for a parole or probation violation?  
Yes ( ☐ ) No ( ☒ )
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes ( ☒ ) No ( ☐ ), if so, state the results of the procedure: \_\_\_\_\_  
\_\_\_\_\_
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes ( ☒ ) No ( ☐ )
  2. State how your claims were presented (written request, verbal request, request for forms):  
Written request
  3. State the date your claims were presented: September 8, 2013
  4. State the result of the procedure: Denied



## STATEMENT OF CLAIM

III.

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON 9-5-2013 I WAS TAKEN TO OUTSIDE SURGERY CLINIC -  
 DR ELLIOT NIPPER INFORMED ME THAT I HAD TO HAVE RE-CONSTRUCTIVE  
 SURGERY AND THEY WOULDN'T PAY FOR IT - I FILED AN ARP WITH  
 THE I-LAP IN THE PRISON - RESULTS DENIED - MY RIGHTS OF DUE  
 PROCESS AND EQUAL PROTECTION ARE BEING VIOLATED BECAUSE OTHER  
 PEOPLE HERE ARE BEING TREATED FOR THEIR MEDICAL NEEDS AND I  
 AM NOT. I AM IN CONSTANT PAIN AND SUFFER EACH TIME I HAVE  
 TO LEAVE TO GO EAT, MEDICAL, ETC. THIS ALSO FALLS UNDER CRUEL AND UNUSUAL  
 PUNISHMENT WHICH A VIOLATION OF MY FIFTH, EIGHTH, AND  
 FOURTEENTH AMENDMENT TO THE UNITED STATES CONSTITUTION

## RELIEF

IV.

State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

THE RELIEF I AM REQUESTING 6 million dollars in compensatory  
 damages jointly and severly against all defendants and  
 10 million dollars punitive damages jointly and severly  
 against all defendants. Also, I would like to receive the  
 surgery that I need and physical therapy afterwards

Signed this 5 day of January, 20 14

SMCJ PO BOX 1419 Leakesville MS 39457

Shad Delaney #122083

Signature of plaintiff, prisoner number and address of  
 plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

1-5-2014  
 (Date)

Shad Delaney  
 Signature of plaintiff